



First
Presbyterian
Church
of SANTA BARBARA

CLUB 456

November 11, 2019
9 am to 3 pm
\$30 for the day

Please return the medical release form or

Initial here if one is on file for 2019

A Day of Local Mission

Camper name _____ D.O.B. _____ Grade 4 5 6
Camper name _____ D.O.B. _____ Grade 4 5 6

Street address _____
City/St/Zip _____

Parent 1 _____ cell # _____ email _____
Parent 2 _____ cell # _____ email _____
Other emergency contact (Name & phone): _____

Please list any circumstances, physical conditions, allergies, or medication requiring attention by the staff. _____

We will be participating with local missions during this camp day.
We welcome any of the following donations:

- small travel (rectangular) pillows
- flannel fabric
- Soft snack bars
- New athletic socks
- Protein drinks (smaller cans or bottles)
- New lip balms
- New toothbrushes (individually wrapped)
- Mini toothpastes.

Bring a lunch,
Snacks provided



**First Presbyterian Church of Santa Barbara
Parental Consent, Medical Authorization and Release
For 2019 Children's Ministries including Presbycamp and Club 456**

Minor child	phone numbers (belongs to and #)
Street address	1. _____
city/state/zip	2. _____
Date of Birth	3. _____
grade	emails
	1. _____
	2. _____
	3. _____

The undersigned hereby release the Church and its authorized representatives and officials of and from any and all liability to the undersigned, or to the minor child, arising out of or in connection with any activities related to the Church, or any travel connected therewith, except for such liability as may arise from the gross negligence or willful misconduct on the part of the Church or its representatives or officials.

The undersigned hereby give our consent to and authorize our minor child named above to participate in all events conducted by First Presbyterian Church, Santa Barbara. We further authorize our minor child to travel with representatives of the Church to any such events so conducted.

If a parent, family physician, or dentist cannot be contacted promptly, and a medical or dental emergency has been determined to exist, the undersigned parent or guardian of the minor child named above hereby has authorized any representatives of the church for and on behalf of the undersigned, to consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and any hospital care deemed advisable and rendered by any licensed hospital. This authorization is given in advance of any such required care for purposes of empowering any such representative or office of the Church to give the above described consent for any such medical, or dental treatment as any physician, surgeon, or dentist to proceed with such medical or dental treatment as he/she may deem advisable. We hereby agree to pay any and all reasonable charges incurred as a result of any such medical or dental treatment and to hold the Church and its representatives and official harmless there from.

To the extent that any applicable law prevents or prohibits the undersigned release of the Church from any liability to our minor child as set forth herein, we hereby agree to indemnity and hold harmless the Church and its representatives and officials of and from any such liability as may be imposed upon any of them.

NOTE: This consent must be signed by both parents unless one parent has legal custody of the minor child pursuant to a valid Court Order. In that event, please insert the phrase "legal custody" beneath your signature.

Mother's name printed	mother's signature	date
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Father's name printed	father's signature	date
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Physician name	insurance provider
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Physician's phone number	group or policy number
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